



Rep. Edward J. Acevedo

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1 AMENDMENT TO SENATE BILL 770

2 AMENDMENT NO. _____. Amend Senate Bill 770 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Sections 5-4.2 and 5-5 as follows:

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ground ambulance ~~Ambulance~~ services payments.

8 (a) For purposes of this Section, the following terms have
9 the following meanings:

10 "Department" means the Illinois Department of Healthcare
11 and Family Services.

12 "Ground ambulance services" means medical transportation
13 services that are described as ground ambulance services by the
14 Centers for Medicare and Medicaid Services and provided in a
15 vehicle that is licensed as an ambulance by the Illinois
16 Department of Public Health pursuant to the Emergency Medical

1 Services (EMS) Systems Act.

2 "Ground ambulance services provider" means a vehicle
3 service provider as described in the Emergency Medical Services
4 (EMS) Systems Act that operates licensed ambulances for the
5 purpose of providing emergency ambulance services, or
6 non-emergency ambulance services, or both. For purposes of this
7 Section, this includes both ambulance providers and ambulance
8 suppliers as described by the Centers for Medicare and Medicaid
9 Services.

10 "Payment principles of Medicare" means: the accepted
11 method propounded by the Centers for Medicare and Medicaid
12 Services and used to determine the payment system for ground
13 ambulance services providers and suppliers under Title XVIII of
14 the Social Security Act. These principles are outlined in the
15 United States Code, the Code of Federal Regulations, and the
16 CMS Online Manual System, including, but not limited to, the
17 Medicare Benefit Policy Manual and the Medicare Claims
18 Processing Manual, and include the statutes, regulations,
19 policies, procedures, definitions, guidelines, and coding
20 systems, including the Health Care Common Procedure Coding
21 System (HCPCS) and ambulance condition coding system, as well
22 as other resources which have been or will be developed and
23 recognized by the Centers for Medicare and Medicaid Services.

24 "Rural county" means: any county not located in a U.S.
25 Bureau of the Census Metropolitan Statistical Area (MSA); or
26 any county located within a U.S. Bureau of the Census

1 Metropolitan Statistical Area but having a population of 60,000
2 or less.

3 (b) It is the intent of the General Assembly to provide for
4 the payment for ground ambulance services as part of the State
5 Medicaid plan and to provide adequate payment for ground
6 ambulance services under the State Medicaid plan so as to
7 ensure adequate access to ground ambulance services for both
8 recipients of aid under this Article and for the general
9 population of Illinois. Unless otherwise indicated in this
10 Section, the practices of the Department concerning payments
11 for ground ambulance services provided to recipients of aid
12 under this Article shall be consistent with the payment
13 principles of Medicare.

14 (c) For ground ambulance services provided to a recipient
15 of aid under this Article on or after July 1, 2012, the
16 Department shall provide payment to ground ambulance services
17 providers for base charges and mileage charges based upon the
18 lesser of the provider's charge, as reflected on the provider's
19 claim form, or the Illinois Medicaid Ambulance Fee Schedule
20 payment rates calculated in accordance with this Section.

21 Effective July 1, 2012, the Illinois Medicaid Ambulance Fee
22 Schedule shall be established and shall include only the ground
23 ambulance services payment rates outlined in the Medicare
24 Ambulance Fee Schedule as promulgated by the Centers for
25 Medicare and Medicaid Services in effect as of July 1, 2012 and
26 adjusted for the 4 Medicare Localities in Illinois, with an

1 adjustment of 100% of the Medicare Ambulance Fee Schedule
2 payment rates, by Medicare Locality, for both base rates and
3 mileage for rural counties, and an adjustment of 80% of the
4 Medicare Ambulance Fee Schedule payment rates, by Medicare
5 Locality, for both base rates and mileage for all other
6 counties. The transition from the current payment system to the
7 Illinois Medicaid Ambulance Fee Schedule shall be as follows:
8 Effective for dates of service on or after July 1, 2012, for
9 each individual base rate and mileage rate, the payment rate
10 for ground ambulance services shall be based on the Illinois
11 Medicaid Ambulance Fee Schedule amount in effect on July 1,
12 2012 for the designated Medicare Locality, except that any
13 payment rate that was previously approved by the Department
14 that exceeds this amount shall remain in force.

15 Notwithstanding the payment principles in subsection (b)
16 of this Section, the Department shall develop the Illinois
17 Medicaid Ambulance Fee Schedule using the ground mileage
18 payment rate, as defined by the Centers for Medicare and
19 Medicaid Services, and no other mileage rates which act as
20 enhancements to the ground mileage rate, whether permanent or
21 temporary, shall be recognized by the Department.

22 (d) Payment for mileage shall be per loaded mile with no
23 loaded mileage included in the base rate. If a natural
24 disaster, weather, road repairs, traffic congestion, or other
25 conditions necessitate a route other than the most direct
26 route, payment shall be based upon the actual distance

1 traveled. When a ground ambulance services provider provides
2 transport pursuant to an emergency call as defined by the
3 Centers for Medicare and Medicaid Services, no reduction in the
4 mileage payment shall be made based upon the fact that a closer
5 facility may have been available, so long as the ground
6 ambulance services provider provided transport to the
7 recipient's facility of choice or other appropriate facility
8 described within the scope of the Illinois Emergency Medical
9 Services (EMS) Systems Act and associated rules or the policies
10 and procedures of the EMS System of which the provider is a
11 member.

12 (e) The Department shall provide payment for emergency
13 ground ambulance services provided to a recipient of aid under
14 this Article according to the requirements provided in
15 subsection (b) of this Section when those services are provided
16 pursuant to a request made through a 9-1-1 or equivalent
17 emergency telephone number for evaluation, treatment, and
18 transport from or on behalf of an individual with a condition
19 of such a nature that a prudent layperson would have reasonably
20 expected that a delay in seeking immediate medical attention
21 would have been hazardous to life or health. This standard is
22 deemed to be met if there is an emergency medical condition
23 manifesting itself by acute symptoms of sufficient severity,
24 including but not limited to severe pain, such that a prudent
25 layperson who possesses an average knowledge of medicine and
26 health can reasonably expect that the absence of immediate

1 medical attention could result in placing the health of the
2 individual or, with respect to a pregnant woman, the health of
3 the woman or her unborn child, in serious jeopardy, cause
4 serious impairment to bodily functions, or cause serious
5 dysfunction of any bodily organ or part.

6 (f) For ground ambulance services provided to a recipient
7 enrolled in a Medicaid managed care plan by a ground ambulance
8 services provider that is not a contracted provider to the
9 Medicaid managed care plan in question, the amount of the
10 payment for ground ambulance services by the Medicaid managed
11 care plan shall be the lesser of the provider's charge, as
12 reflected on the provider's claim form, or the Illinois
13 Medicaid Ambulance Fee Schedule payment rates calculated in
14 accordance with this Section.

15 (g) Nothing in this Section prohibits the Department from
16 setting payment rates for out-of-State ground ambulance
17 services providers by administrative rule.

18 (g-5) Nothing in this Section prohibits the Department from
19 setting payment rates for State ground ambulance services
20 providers by administrative rule pending the availability of
21 appropriations dedicated to rate increases provided under
22 subsections (c) and (h) of this Section.

23 (h) Effective for dates of service on or after July 1,
24 2012, payments for stretcher van services provided by ground
25 ambulance services providers shall be as follows:

26 (1) For each individual base rate, the amount of the

1 payment shall be the lesser of the provider's charge, as
2 reflected on the provider's claim form, or 80% of the
3 Illinois Medicaid Ambulance Fee Schedule payment rate for
4 the basic life support non-emergency base rate.

5 (2) For each loaded mile, the amount of the payment
6 shall be the lesser of the provider's charge, as reflected
7 on the provider's claim form, or 80% of the Illinois
8 Medicaid Ambulance Fee Schedule payment rate for mileage.

9 (i) All payments under subsections (c) and (h) of this
10 Section are subject to the availability of appropriations for
11 those purposes.

12 ~~(a) For ambulance services provided to a recipient of aid~~
13 ~~under this Article on or after January 1, 1993, the Illinois~~
14 ~~Department shall reimburse ambulance service providers at~~
15 ~~rates calculated in accordance with this Section. It is the~~
16 ~~intent of the General Assembly to provide adequate~~
17 ~~reimbursement for ambulance services so as to ensure adequate~~
18 ~~access to services for recipients of aid under this Article and~~
19 ~~to provide appropriate incentives to ambulance service~~
20 ~~providers to provide services in an efficient and~~
21 ~~cost-effective manner. Thus, it is the intent of the General~~
22 ~~Assembly that the Illinois Department implement a~~
23 ~~reimbursement system for ambulance services that, to the extent~~
24 ~~practicable and subject to the availability of funds~~
25 ~~appropriated by the General Assembly for this purpose, is~~
26 ~~consistent with the payment principles of Medicare. To ensure~~

1 ~~uniformity between the payment principles of Medicare and~~
2 ~~Medicaid, the Illinois Department shall follow, to the extent~~
3 ~~necessary and practicable and subject to the availability of~~
4 ~~funds appropriated by the General Assembly for this purpose,~~
5 ~~the statutes, laws, regulations, policies, procedures,~~
6 ~~principles, definitions, guidelines, and manuals used to~~
7 ~~determine the amounts paid to ambulance service providers under~~
8 ~~Title XVIII of the Social Security Act (Medicare).~~

9 ~~(b) For ambulance services provided to a recipient of aid~~
10 ~~under this Article on or after January 1, 1996, the Illinois~~
11 ~~Department shall reimburse ambulance service providers based~~
12 ~~upon the actual distance traveled if a natural disaster,~~
13 ~~weather conditions, road repairs, or traffic congestion~~
14 ~~necessitates the use of a route other than the most direct~~
15 ~~route.~~

16 ~~(c) For purposes of this Section, "ambulance services"~~
17 ~~includes medical transportation services provided by means of~~
18 ~~an ambulance, medi car, service car, or taxi.~~

19 ~~(c 1) For purposes of this Section, "ground ambulance~~
20 ~~service" means medical transportation services that are~~
21 ~~described as ground ambulance services by the Centers for~~
22 ~~Medicare and Medicaid Services and provided in a vehicle that~~
23 ~~is licensed as an ambulance by the Illinois Department of~~
24 ~~Public Health pursuant to the Emergency Medical Services (EMS)~~
25 ~~Systems Act.~~

26 ~~(c 2) For purposes of this Section, "ground ambulance~~

1 ~~service provider" means a vehicle service provider as described~~
2 ~~in the Emergency Medical Services (EMS) Systems Act that~~
3 ~~operates licensed ambulances for the purpose of providing~~
4 ~~emergency ambulance services, or non-emergency ambulance~~
5 ~~services, or both. For purposes of this Section, this includes~~
6 ~~both ambulance providers and ambulance suppliers as described~~
7 ~~by the Centers for Medicare and Medicaid Services.~~

8 ~~(d) This Section does not prohibit separate billing by~~
9 ~~ambulance service providers for oxygen furnished while~~
10 ~~providing advanced life support services.~~

11 (j) ~~(e)~~ Beginning with services rendered on or after July
12 1, 2008, all providers of non-emergency medi-car and service
13 car transportation must certify that the driver and employee
14 attendant, as applicable, have completed a safety program
15 approved by the Department to protect both the patient and the
16 driver, prior to transporting a patient. The provider must
17 maintain this certification in its records. The provider shall
18 produce such documentation upon demand by the Department or its
19 representative. Failure to produce documentation of such
20 training shall result in recovery of any payments made by the
21 Department for services rendered by a non-certified driver or
22 employee attendant. Medi-car and service car providers must
23 maintain legible documentation in their records of the driver
24 and, as applicable, employee attendant that actually
25 transported the patient. Providers must recertify all drivers
26 and employee attendants every 3 years.

1 Notwithstanding the requirements above, any public
2 transportation provider of medi-car and service car
3 transportation that receives federal funding under 49 U.S.C.
4 5307 and 5311 need not certify its drivers and employee
5 attendants under this Section, since safety training is already
6 federally mandated.

7 (k) ~~(f)~~ With respect to any policy or program administered
8 by the Department or its agent regarding approval of
9 non-emergency medical transportation by ground ambulance
10 service providers, including, but not limited to, the
11 Non-Emergency Transportation Services Prior Approval Program
12 (NETSPAP), the Department shall establish by rule a process by
13 which ground ambulance service providers of non-emergency
14 medical transportation may appeal any decision by the
15 Department or its agent for which no denial was received prior
16 to the time of transport that either (i) denies a request for
17 approval for payment of non-emergency transportation by means
18 of ground ambulance service or (ii) grants a request for
19 approval of non-emergency transportation by means of ground
20 ambulance service at a level of service that entitles the
21 ground ambulance service provider to a lower level of
22 compensation from the Department than the ground ambulance
23 service provider would have received as compensation for the
24 level of service requested. The rule shall be established
25 within 12 months after the effective date of this amendatory
26 Act of the 97th General Assembly and shall provide that, for

1 any decision rendered by the Department or its agent on or
2 after the date the rule takes effect, the ground ambulance
3 service provider shall have 60 days from the date the decision
4 is received to file an appeal. The rule established by the
5 Department shall be, insofar as is practical, consistent with
6 the Illinois Administrative Procedure Act. The Director's
7 decision on an appeal under this Section shall be a final
8 administrative decision subject to review under the
9 Administrative Review Law.

10 (Source: P.A. 97-584, eff. 8-26-11.)

11 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

12 Sec. 5-5. Medical services. The Illinois Department, by
13 rule, shall determine the quantity and quality of and the rate
14 of reimbursement for the medical assistance for which payment
15 will be authorized, and the medical services to be provided,
16 which may include all or part of the following: (1) inpatient
17 hospital services; (2) outpatient hospital services; (3) other
18 laboratory and X-ray services; (4) skilled nursing home
19 services; (5) physicians' services whether furnished in the
20 office, the patient's home, a hospital, a skilled nursing home,
21 or elsewhere; (6) medical care, or any other type of remedial
22 care furnished by licensed practitioners; (7) home health care
23 services; (8) private duty nursing service; (9) clinic
24 services; (10) dental services, including prevention and
25 treatment of periodontal disease and dental caries disease for

1 pregnant women, provided by an individual licensed to practice
2 dentistry or dental surgery; for purposes of this item (10),
3 "dental services" means diagnostic, preventive, or corrective
4 procedures provided by or under the supervision of a dentist in
5 the practice of his or her profession; (11) physical therapy
6 and related services; (12) prescribed drugs, dentures, and
7 prosthetic devices; and eyeglasses prescribed by a physician
8 skilled in the diseases of the eye, or by an optometrist,
9 whichever the person may select; (13) other diagnostic,
10 screening, preventive, and rehabilitative services, for
11 children and adults; (14) transportation and such other
12 expenses as may be necessary, provided that payment for ground
13 ambulance services shall be as provided in Section 5-4.2; (15)
14 medical treatment of sexual assault survivors, as defined in
15 Section 1a of the Sexual Assault Survivors Emergency Treatment
16 Act, for injuries sustained as a result of the sexual assault,
17 including examinations and laboratory tests to discover
18 evidence which may be used in criminal proceedings arising from
19 the sexual assault; (16) the diagnosis and treatment of sickle
20 cell anemia; and (17) any other medical care, and any other
21 type of remedial care recognized under the laws of this State,
22 but not including abortions, or induced miscarriages or
23 premature births, unless, in the opinion of a physician, such
24 procedures are necessary for the preservation of the life of
25 the woman seeking such treatment, or except an induced
26 premature birth intended to produce a live viable child and

1 such procedure is necessary for the health of the mother or her
2 unborn child. The Illinois Department, by rule, shall prohibit
3 any physician from providing medical assistance to anyone
4 eligible therefor under this Code where such physician has been
5 found guilty of performing an abortion procedure in a wilful
6 and wanton manner upon a woman who was not pregnant at the time
7 such abortion procedure was performed. The term "any other type
8 of remedial care" shall include nursing care and nursing home
9 service for persons who rely on treatment by spiritual means
10 alone through prayer for healing.

11 Notwithstanding any other provision of this Section, a
12 comprehensive tobacco use cessation program that includes
13 purchasing prescription drugs or prescription medical devices
14 approved by the Food and Drug Administration shall be covered
15 under the medical assistance program under this Article for
16 persons who are otherwise eligible for assistance under this
17 Article.

18 Notwithstanding any other provision of this Code, the
19 Illinois Department may not require, as a condition of payment
20 for any laboratory test authorized under this Article, that a
21 physician's handwritten signature appear on the laboratory
22 test order form. The Illinois Department may, however, impose
23 other appropriate requirements regarding laboratory test order
24 documentation.

25 The Department of Healthcare and Family Services shall
26 provide the following services to persons eligible for

1 assistance under this Article who are participating in
2 education, training or employment programs operated by the
3 Department of Human Services as successor to the Department of
4 Public Aid:

5 (1) dental services provided by or under the
6 supervision of a dentist; and

7 (2) eyeglasses prescribed by a physician skilled in the
8 diseases of the eye, or by an optometrist, whichever the
9 person may select.

10 Notwithstanding any other provision of this Code and
11 subject to federal approval, the Department may adopt rules to
12 allow a dentist who is volunteering his or her service at no
13 cost to render dental services through an enrolled
14 not-for-profit health clinic without the dentist personally
15 enrolling as a participating provider in the medical assistance
16 program. A not-for-profit health clinic shall include a public
17 health clinic or Federally Qualified Health Center or other
18 enrolled provider, as determined by the Department, through
19 which dental services covered under this Section are performed.
20 The Department shall establish a process for payment of claims
21 for reimbursement for covered dental services rendered under
22 this provision.

23 The Illinois Department, by rule, may distinguish and
24 classify the medical services to be provided only in accordance
25 with the classes of persons designated in Section 5-2.

26 The Department of Healthcare and Family Services must

1 provide coverage and reimbursement for amino acid-based
2 elemental formulas, regardless of delivery method, for the
3 diagnosis and treatment of (i) eosinophilic disorders and (ii)
4 short bowel syndrome when the prescribing physician has issued
5 a written order stating that the amino acid-based elemental
6 formula is medically necessary.

7 The Illinois Department shall authorize the provision of,
8 and shall authorize payment for, screening by low-dose
9 mammography for the presence of occult breast cancer for women
10 35 years of age or older who are eligible for medical
11 assistance under this Article, as follows:

12 (A) A baseline mammogram for women 35 to 39 years of
13 age.

14 (B) An annual mammogram for women 40 years of age or
15 older.

16 (C) A mammogram at the age and intervals considered
17 medically necessary by the woman's health care provider for
18 women under 40 years of age and having a family history of
19 breast cancer, prior personal history of breast cancer,
20 positive genetic testing, or other risk factors.

21 (D) A comprehensive ultrasound screening of an entire
22 breast or breasts if a mammogram demonstrates
23 heterogeneous or dense breast tissue, when medically
24 necessary as determined by a physician licensed to practice
25 medicine in all of its branches.

26 All screenings shall include a physical breast exam,

1 instruction on self-examination and information regarding the
2 frequency of self-examination and its value as a preventative
3 tool. For purposes of this Section, "low-dose mammography"
4 means the x-ray examination of the breast using equipment
5 dedicated specifically for mammography, including the x-ray
6 tube, filter, compression device, and image receptor, with an
7 average radiation exposure delivery of less than one rad per
8 breast for 2 views of an average size breast. The term also
9 includes digital mammography.

10 On and after January 1, 2012, providers participating in a
11 quality improvement program approved by the Department shall be
12 reimbursed for screening and diagnostic mammography at the same
13 rate as the Medicare program's rates, including the increased
14 reimbursement for digital mammography.

15 The Department shall convene an expert panel including
16 representatives of hospitals, free-standing mammography
17 facilities, and doctors, including radiologists, to establish
18 quality standards.

19 Subject to federal approval, the Department shall
20 establish a rate methodology for mammography at federally
21 qualified health centers and other encounter-rate clinics.
22 These clinics or centers may also collaborate with other
23 hospital-based mammography facilities.

24 The Department shall establish a methodology to remind
25 women who are age-appropriate for screening mammography, but
26 who have not received a mammogram within the previous 18

1 months, of the importance and benefit of screening mammography.

2 The Department shall establish a performance goal for
3 primary care providers with respect to their female patients
4 over age 40 receiving an annual mammogram. This performance
5 goal shall be used to provide additional reimbursement in the
6 form of a quality performance bonus to primary care providers
7 who meet that goal.

8 The Department shall devise a means of case-managing or
9 patient navigation for beneficiaries diagnosed with breast
10 cancer. This program shall initially operate as a pilot program
11 in areas of the State with the highest incidence of mortality
12 related to breast cancer. At least one pilot program site shall
13 be in the metropolitan Chicago area and at least one site shall
14 be outside the metropolitan Chicago area. An evaluation of the
15 pilot program shall be carried out measuring health outcomes
16 and cost of care for those served by the pilot program compared
17 to similarly situated patients who are not served by the pilot
18 program.

19 Any medical or health care provider shall immediately
20 recommend, to any pregnant woman who is being provided prenatal
21 services and is suspected of drug abuse or is addicted as
22 defined in the Alcoholism and Other Drug Abuse and Dependency
23 Act, referral to a local substance abuse treatment provider
24 licensed by the Department of Human Services or to a licensed
25 hospital which provides substance abuse treatment services.
26 The Department of Healthcare and Family Services shall assure

1 coverage for the cost of treatment of the drug abuse or
2 addiction for pregnant recipients in accordance with the
3 Illinois Medicaid Program in conjunction with the Department of
4 Human Services.

5 All medical providers providing medical assistance to
6 pregnant women under this Code shall receive information from
7 the Department on the availability of services under the Drug
8 Free Families with a Future or any comparable program providing
9 case management services for addicted women, including
10 information on appropriate referrals for other social services
11 that may be needed by addicted women in addition to treatment
12 for addiction.

13 The Illinois Department, in cooperation with the
14 Departments of Human Services (as successor to the Department
15 of Alcoholism and Substance Abuse) and Public Health, through a
16 public awareness campaign, may provide information concerning
17 treatment for alcoholism and drug abuse and addiction, prenatal
18 health care, and other pertinent programs directed at reducing
19 the number of drug-affected infants born to recipients of
20 medical assistance.

21 Neither the Department of Healthcare and Family Services
22 nor the Department of Human Services shall sanction the
23 recipient solely on the basis of her substance abuse.

24 The Illinois Department shall establish such regulations
25 governing the dispensing of health services under this Article
26 as it shall deem appropriate. The Department should seek the

1 advice of formal professional advisory committees appointed by
2 the Director of the Illinois Department for the purpose of
3 providing regular advice on policy and administrative matters,
4 information dissemination and educational activities for
5 medical and health care providers, and consistency in
6 procedures to the Illinois Department.

7 Notwithstanding any other provision of law, a health care
8 provider under the medical assistance program may elect, in
9 lieu of receiving direct payment for services provided under
10 that program, to participate in the State Employees Deferred
11 Compensation Plan adopted under Article 24 of the Illinois
12 Pension Code. A health care provider who elects to participate
13 in the plan does not have a cause of action against the State
14 for any damages allegedly suffered by the provider as a result
15 of any delay by the State in crediting the amount of any
16 contribution to the provider's plan account.

17 The Illinois Department may develop and contract with
18 Partnerships of medical providers to arrange medical services
19 for persons eligible under Section 5-2 of this Code.
20 Implementation of this Section may be by demonstration projects
21 in certain geographic areas. The Partnership shall be
22 represented by a sponsor organization. The Department, by rule,
23 shall develop qualifications for sponsors of Partnerships.
24 Nothing in this Section shall be construed to require that the
25 sponsor organization be a medical organization.

26 The sponsor must negotiate formal written contracts with

1 medical providers for physician services, inpatient and
2 outpatient hospital care, home health services, treatment for
3 alcoholism and substance abuse, and other services determined
4 necessary by the Illinois Department by rule for delivery by
5 Partnerships. Physician services must include prenatal and
6 obstetrical care. The Illinois Department shall reimburse
7 medical services delivered by Partnership providers to clients
8 in target areas according to provisions of this Article and the
9 Illinois Health Finance Reform Act, except that:

10 (1) Physicians participating in a Partnership and
11 providing certain services, which shall be determined by
12 the Illinois Department, to persons in areas covered by the
13 Partnership may receive an additional surcharge for such
14 services.

15 (2) The Department may elect to consider and negotiate
16 financial incentives to encourage the development of
17 Partnerships and the efficient delivery of medical care.

18 (3) Persons receiving medical services through
19 Partnerships may receive medical and case management
20 services above the level usually offered through the
21 medical assistance program.

22 Medical providers shall be required to meet certain
23 qualifications to participate in Partnerships to ensure the
24 delivery of high quality medical services. These
25 qualifications shall be determined by rule of the Illinois
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership
2 sponsors may prescribe reasonable additional qualifications
3 for participation by medical providers, only with the prior
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of
6 practitioners, hospitals, and other providers of medical
7 services by clients. In order to ensure patient freedom of
8 choice, the Illinois Department shall immediately promulgate
9 all rules and take all other necessary actions so that provided
10 services may be accessed from therapeutically certified
11 optometrists to the full extent of the Illinois Optometric
12 Practice Act of 1987 without discriminating between service
13 providers.

14 The Department shall apply for a waiver from the United
15 States Health Care Financing Administration to allow for the
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care
18 providers to maintain records that document the medical care
19 and services provided to recipients of Medical Assistance under
20 this Article. Such records must be retained for a period of not
21 less than 6 years from the date of service or as provided by
22 applicable State law, whichever period is longer, except that
23 if an audit is initiated within the required retention period
24 then the records must be retained until the audit is completed
25 and every exception is resolved. The Illinois Department shall
26 require health care providers to make available, when

1 authorized by the patient, in writing, the medical records in a
2 timely fashion to other health care providers who are treating
3 or serving persons eligible for Medical Assistance under this
4 Article. All dispensers of medical services shall be required
5 to maintain and retain business and professional records
6 sufficient to fully and accurately document the nature, scope,
7 details and receipt of the health care provided to persons
8 eligible for medical assistance under this Code, in accordance
9 with regulations promulgated by the Illinois Department. The
10 rules and regulations shall require that proof of the receipt
11 of prescription drugs, dentures, prosthetic devices and
12 eyeglasses by eligible persons under this Section accompany
13 each claim for reimbursement submitted by the dispenser of such
14 medical services. No such claims for reimbursement shall be
15 approved for payment by the Illinois Department without such
16 proof of receipt, unless the Illinois Department shall have put
17 into effect and shall be operating a system of post-payment
18 audit and review which shall, on a sampling basis, be deemed
19 adequate by the Illinois Department to assure that such drugs,
20 dentures, prosthetic devices and eyeglasses for which payment
21 is being made are actually being received by eligible
22 recipients. Within 90 days after the effective date of this
23 amendatory Act of 1984, the Illinois Department shall establish
24 a current list of acquisition costs for all prosthetic devices
25 and any other items recognized as medical equipment and
26 supplies reimbursable under this Article and shall update such

1 list on a quarterly basis, except that the acquisition costs of
2 all prescription drugs shall be updated no less frequently than
3 every 30 days as required by Section 5-5.12.

4 The rules and regulations of the Illinois Department shall
5 require that a written statement including the required opinion
6 of a physician shall accompany any claim for reimbursement for
7 abortions, or induced miscarriages or premature births. This
8 statement shall indicate what procedures were used in providing
9 such medical services.

10 The Illinois Department shall require all dispensers of
11 medical services, other than an individual practitioner or
12 group of practitioners, desiring to participate in the Medical
13 Assistance program established under this Article to disclose
14 all financial, beneficial, ownership, equity, surety or other
15 interests in any and all firms, corporations, partnerships,
16 associations, business enterprises, joint ventures, agencies,
17 institutions or other legal entities providing any form of
18 health care services in this State under this Article.

19 The Illinois Department may require that all dispensers of
20 medical services desiring to participate in the medical
21 assistance program established under this Article disclose,
22 under such terms and conditions as the Illinois Department may
23 by rule establish, all inquiries from clients and attorneys
24 regarding medical bills paid by the Illinois Department, which
25 inquiries could indicate potential existence of claims or liens
26 for the Illinois Department.

1 Enrollment of a vendor that provides non-emergency medical
2 transportation, defined by the Department by rule, shall be
3 conditional for 180 days. During that time, the Department of
4 Healthcare and Family Services may terminate the vendor's
5 eligibility to participate in the medical assistance program
6 without cause. That termination of eligibility is not subject
7 to the Department's hearing process.

8 The Illinois Department shall establish policies,
9 procedures, standards and criteria by rule for the acquisition,
10 repair and replacement of orthotic and prosthetic devices and
11 durable medical equipment. Such rules shall provide, but not be
12 limited to, the following services: (1) immediate repair or
13 replacement of such devices by recipients without medical
14 authorization; and (2) rental, lease, purchase or
15 lease-purchase of durable medical equipment in a
16 cost-effective manner, taking into consideration the
17 recipient's medical prognosis, the extent of the recipient's
18 needs, and the requirements and costs for maintaining such
19 equipment. Such rules shall enable a recipient to temporarily
20 acquire and use alternative or substitute devices or equipment
21 pending repairs or replacements of any device or equipment
22 previously authorized for such recipient by the Department.

23 The Department shall execute, relative to the nursing home
24 prescreening project, written inter-agency agreements with the
25 Department of Human Services and the Department on Aging, to
26 effect the following: (i) intake procedures and common

1 eligibility criteria for those persons who are receiving
2 non-institutional services; and (ii) the establishment and
3 development of non-institutional services in areas of the State
4 where they are not currently available or are undeveloped.

5 The Illinois Department shall develop and operate, in
6 cooperation with other State Departments and agencies and in
7 compliance with applicable federal laws and regulations,
8 appropriate and effective systems of health care evaluation and
9 programs for monitoring of utilization of health care services
10 and facilities, as it affects persons eligible for medical
11 assistance under this Code.

12 The Illinois Department shall report annually to the
13 General Assembly, no later than the second Friday in April of
14 1979 and each year thereafter, in regard to:

15 (a) actual statistics and trends in utilization of
16 medical services by public aid recipients;

17 (b) actual statistics and trends in the provision of
18 the various medical services by medical vendors;

19 (c) current rate structures and proposed changes in
20 those rate structures for the various medical vendors; and

21 (d) efforts at utilization review and control by the
22 Illinois Department.

23 The period covered by each report shall be the 3 years
24 ending on the June 30 prior to the report. The report shall
25 include suggested legislation for consideration by the General
26 Assembly. The filing of one copy of the report with the

1 Speaker, one copy with the Minority Leader and one copy with
2 the Clerk of the House of Representatives, one copy with the
3 President, one copy with the Minority Leader and one copy with
4 the Secretary of the Senate, one copy with the Legislative
5 Research Unit, and such additional copies with the State
6 Government Report Distribution Center for the General Assembly
7 as is required under paragraph (t) of Section 7 of the State
8 Library Act shall be deemed sufficient to comply with this
9 Section.

10 Rulemaking authority to implement Public Act 95-1045, if
11 any, is conditioned on the rules being adopted in accordance
12 with all provisions of the Illinois Administrative Procedure
13 Act and all rules and procedures of the Joint Committee on
14 Administrative Rules; any purported rule not so adopted, for
15 whatever reason, is unauthorized.

16 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,
17 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,
18 eff. 1-1-12.)

19 Section 99. Effective date. This Act takes effect July 1,
20 2012."